

IV. Pseudo-Hypertrophy of Muscles after Long-Continued Œdema of the Limb from Thrombosis of Veins. By JONATHAN HUTCHINSON (London). The author refers to three cases where after phlebotic plugging of one or more veins of the lower extremity, there has followed pseudo-hypertrophy of the muscles of the corresponding limb without any other change, no loss of natural contour, no œdema, but simply overgrowth restricted to the muscles. When there is any paresis, it is in the overgrown limb that it is first noticed. In two of the cases there was a difference of $\frac{3}{4}$ in. and $\frac{1}{2}$ in. respectively in the size of the two calves, the enlargement being on the side where the phlebitis had been present. The third case was complicated by some signs of lymphatic obstruction as well as the muscular hypertrophy.—*Illustr. Med. News*, Dec. 1888.

J. ANDERSON SMITH (LONDON).

NERVOUS AND VASCULAR SYSTEMS.

I. Clinical Contributions to Nerve Surgery. By Prof. ALBRECHT (Zurich). The results of physiological studies, as well as clinical observations are considered in discussing the question of restoration of function of divided nerves following suture and primary union. The conclusion is reached that this restoration is impossible, and bases this conclusion upon the following: The rapid degeneration toward the periphery of the nerve elements is an insuperable barrier to primary union of a divided nerve fibre which shall include conducting power. Restoration to functional activity depends upon a regeneration of the nerve elements from the fibres of the central end, which finally reach along the track of the old nerve, to find their termination in skin or muscle. This manner of restitution occurs also when strict union of the nerve elements cannot be said to have occurred.

Union by suture and immediate restoration of function by this means is a fallacy. In cases where this is believed to have taken place, anastomosing nerves have taken upon themselves the function of the injured nerve. Atrophy of muscular structures and diminished electric excitability occur even after suturing. It is admitted that, in exceptional cases, restoration to function may occur in from 3 to 4 weeks,

but in the great majority of instances fully 10 to 12 weeks are necessary.—*Deutsche Zeitschrift f. Chirurgie*, Bd., 26, p. 430.

GEO. R. FOWLER (Brooklyn).

II. On the Therapeutic Value of Nerve-Stretching. By Dr. M. A. VASILIEFF (Warsaw, Poland). The author details three cases of nerve-stretching for supposed peripheral neuritis. Case I refers to a man of 24, with frequent epileptoid fits of 3 years' standing, which had commenced to occur about a month after his having received a traumatic injury of the left great sciatic nerve, in consequence of a fall from a considerable height. The fits commenced invariably with an intense pain and convulsions about the left lower limb, which then spread to the right one, and were followed by epigastric pain, loss of consciousness and general convulsions. The fits could be induced by pressure on the nerve which was distinctly tender. Electricity and therapeutic treatment having utterly failed, Dr. Vasilieff opened the sheath of the nerve and stretched the latter with two fingers both in a centripetal and a centrifugal direction. Not a single fit occurred after the operation up to the date, 1½ years later. Pressure on the nerve does not produce any pain at present. Case II is of a lad of 19, with rheumatic paralysis of the left facial nerve, of 4 months' duration. The inferior branch of the nerve was stretched by means of a hook, after Hueter's method (an incision, 4 cent. in length, along the posterior edge of the ramus of the lower jaw). Two days later, the patient's mouth, which had been previously strongly depressed toward the left side, was found to be straight, and faradic nerve-irritability (previously absent on the paralysed side) normal on both sides. On examination several months later, however, his state proved somewhat worse, since on laughing, there was observed a slight depression of the left angle of the mouth. Case III concerns a workingman of 38 with a traumatic paralysis of the left facial nerve. Not the slightest improvement could be obtained from the operation, the nerve being found intensely degenerated and atrophied; one of the branches was even torn across during the procedure. To elucidate the influence of stretching on the nerve and spinal cord, the author carried out five experiments on rabbits in Prof. Navrotsky's laboratory. In all, the great sciatic nerve